IMPLEMENTATION OF CANS IN INDIANA

FREQUENTLY ASKED QUESTIONS

Child and Adolescent Needs and Strength (CANS) Tools

Q. What is the CANS?

A. CANS stands for Child and Adolescent Needs and Strengths assessment. It refers to a group of outcome management tools that have been developed by John Lyons, PhD, Northwestern University, Chicago, and many stakeholders across multiple states. The assessment instrument is copyrighted by the Buddin Praed Foundation, 1999. To learn more about the CANS, its origin and functionality, visit the training/certification website at www.communimetrics.com/CansCentralIndiana You must register to watch the training videos and view the slides.

Q. Why is Indiana implementing the Child and Adolescent Needs and Strength tools?

A. Indiana has used functional assessments for adults and children since the mid-1990s. In practice, the tools (CAFAS and HAPI-C) were used primarily to documents eligibility for DMHA funding. In 2004, the statewide Child Welfare Mental Health Early Identification and Intervention made the need for an assessment tool to do more. Assessments for children in the child welfare system with identified behavioral health risks varied greatly—from one hour interview with a new caretaker and a new clinician to an 8 hour home based assessment involving all of the significant individuals in a child's life.

From Oct 2004 – June, 2005, a task force representing all child service systems, providers, professions, families and youth reviewed multiple functional assessment and utilization review tools. First they agreed on fundamental criteria for review and selection of a tool. If possible, one tool would serve multiple functions. Fundamentally, an instrument would be meaningful to children and families. It must be useful in day-to-day practice, providing information regarding decisions about care plans and intensity of services. It would improve communication among child service systems. The tool would also be useful for measuring outcomes. Information from the tool could inform practice, supervision, program quality improvement initiatives, and state policy and planning. The idea was to develop a way to develop "practice based evidence". After reviewing several tools in depth, the group decided that the CANS came closest to meeting these criteria. A recommendation was made to DMHA and other child service state agencies that the CANS be implemented across child service systems in Indiana.

Q. Transition. There are several versions of the CANS that are being used in Indiana. My program has been using the xxx CANS. Do we need to switch to the Indiana CANS tools?

A. Yes. All Indiana child service systems have worked together with Dr. John Lyons to tailor the CANS for multiple child service systems in Indiana. The CANS tools for Indiana focus on the child and family, using modules to provide more detailed assessment when specific needs are identified. Items from the specialized CANS (child welfare, juvenile justice, etc.) are included. All Indiana child service systems that were using the HAPI-C are required to begin using the Indiana CANS by July 1, 2007. The new web based data collection, analysis and reporting system will support only the Indiana CANS tools.

Q. Regarding CANS: Can you tell me when we would use the "multi-system assessment" and when we would use the "initial assessment"? The "reassessment" is used every 6 months, right?

A. The CANS has been "Hoosierized", tailored for Indiana's use across child service systems. To see Indiana's 7 CANS assessment tools, go to **http://www.in.gov/fssa/mental/canstools.htm**

For behavioral health providers, the *CANS for Indiana Comprehensive Multisystem Assessment (5 to 17* or *Birth to 5)* tools are to be completed as part of an initial assessment. For DMHA contract providers, *CANS Reassessments* are required to be reported to the IBHAS every 6 months, if more

intense services are recommended/requested (behavioral health decision model), or if a child and family complete services.. The *Crisis Assessment Tool (CAT)* can be used for crisis or emergency services with new consumers to inform initial decisions about acute inpatient hospitalization or community based crisis care. The *Initial CANS* tools will not be used by behavioral health providers; they may be used by other child service systems such as probation or child welfare in the future.

Initial Statewide Behavioral Health Implementation. Beginning July 1, 2007, mental health and addiction providers who contract with FSSA/DMHA are required to use the appropriate Comprehensive CANS to assess the needs and strengths of children and families who begin services and of children/families who are continuing services. With this initial implementation, in order to integrate the tools into practice, completing the comprehensive CANS with ongoing child and family is suggested prior to the next regular treatment plan update (within 60 to 90 days).

Q. What are the decision models (thresholds, algorithms)?

A. Patterns of CANS scores are used to develop thresholds to inform decisions about the intensity of behavioral health services and placements within child welfare. The placement decision model will be used only when a child is in substitute care through the Department of Child Services. A school decision model related to behavioral health needs may also be developed. The new web based CANS database (Indiana Behavioral Health Assessment System or IBHAS) will report the recommended level of behavioral health services based on a child and family's CANS pattern of scores. This threshold information is intended for consideration by the family and treatment staff in developing an intervention plan and intensity (type) of services.

Q. What does the Indiana CANS Behavioral Health Decision Model look like?

A. Contact a CANS SuperUser within your agency to see and learn more about the decision models.

CANS Training/Certification

Q. Do I need to be trained to use the CANS?

A. Yes. In order to use the CANS tools, you must be trained and demonstrate the ability to use the tool reliably. Many individuals will be trained and certified through the training website. The URL for the site is http://www.communimetrics.com/CansCentralIndiana

On this page you will find the minimal technology requirements to run the streaming videos. Over time, information about Indiana's implementation of the CANS will be added.

This on-line program provides training and certification on the Child and Adolescent Needs and Strength (CANS) tools for the Indiana Comprehensive Multisystem Assessments. The program includes 5 streaming video presentations that overview the CANS method and six video clips reviewing individual items on the CANS. We suggest that you watch the Overview (Parts I - IV), Item Reviews (Parts I - VI), and then the Overview (Part V). After examining these materials, you are invited to practice on-line vignettes. To be certified, you must achieve a reliability factor of 0.70 or above. View the vignette history to compare your scores with recommended scores (shaded). Once you have achieved 0.70 reliability on practice vignettes, you are invited to attempt to certify on-line, using one of the randomly selected test vignettes. The website will record your certification.

Q. I went to the website but cannot view the training. What's wrong?

A. Click on the "Create new account" link in the upper right portion of the website to register and create a user name and password. You will then be able to access the training, practice, and certification programs. If you do not have technology that meets the minimal requirements outlined on the website,

you may not be able to view the video streaming clips. DVDs are being made of the videos. They will be sent to each agency.

Once logged into the website, click the "Training" link on the left side of the page. You can then click on the "Overview…" links to start the video or click the "view slides" link to view only the PowerPoint slides. Once you are ready for a practice test or certification test, click on the appropriate link on the left side of the page.

Q. How do I get my certification test vignette scored?

A. Due to the large volume of individuals to be certified, it is very important that individuals use the website to complete the certification test. The website will automatically score the test. The website also creates a database of certified users which will be shared with DMHA to ensure that only certified users are completing the CANS instruments.

Q. I have watched the training videos and tried 3 or 4 practice vignettes, but cannot reach 0.70 reliability using the CANS. What do I do now?

A. Compare your practice vignette ratings and the recommended scores (shaded in vignette history). Remember, if there is an issue that is not addressed in the vignette, assume there is no evidence. No evidence of a need is rated "0". No evidence of a strength is rated "3". Try again. Still having trouble? Consult a SuperUser in your agency for some coaching. Attend a small group training with a SuperUser.

Q. There is no SuperUser in my agency. Who can help me?

A. Contact the "help desk" at the training/certification website.

Q. I was certified to use the CANS about two years ago. Do I need to do anything else?

A. Yes. All CANS users need to be **recertified annually**. If you have not reviewed the new Indiana CANS tools and been certified since July 1, 2006, visit the website for a review and recertification. Documentation of certification will be shared with DMHA. Only currently CANS certified CANS users will be able to report or send CANS data to the new system (see below). Once your certification is recorded in the training/certification database, you will receive an annual reminder by email.

Q. What are SuperUsers?

A. SuperUsers are individuals within local agencies which have received additional intensive training to help integrate the CANS into every day practice within their agencies. They have demonstrated at least a 0.75 reliability with the CANS using vignettes and are trained to train, coach, supervise, and use information from the CANS in treatment planning and decisions about intensity of services. SuperUsers can help integrate the CANS assessment into biopsychosocial assessments, use reports in practice, and help plan quality improvement based on CANS information. There will be occasional booster training sessions for SuperUsers.

Q. Is group training a good idea?

A. It's a great idea. Group training provides small group practice and debriefing with the CANS.

Q. How long does CANS training/certification take?

A. Plan on about 4 to 5 hours in live or web based training.

Indiana Behavioral Assessment system (IBHAS): New "CANS" Website/Database

Q. Is the Hoosier Assurance Plan (HAP) going away and being replaced with IBHAS? Or is the CSDS being replaced with IBHAS?

A. HAP = Hoosier Assurance Plan (funding plan)
HAPI-C = Hoosier Assurance Plan Instrument for Children functioning assessment tool – to be retired 6/30/2007
CSDS = Community Services Data System – collected all data to support the funding plan, HAP
CANS = Child and Adolescent Needs and Strengths assessment tool – to be implemented 7/1/2007
IBHAS = Indiana Behavioral Health Assessment System – website to provide on-line, interactive versions of the CANS tools (i.e., Comprehensive, Reassessment, Crisis Assessment Tool, etc…) and a way to import/export previously completed assessments.

The Hoosier Assurance Plan Instrument for Children (HAPI-C) is being retired June 30, 2007, so it will no longer be required for CSDS.

The Child and Adolescent Needs and Strength (CANS) will be implemented to inform clinical treatment planning and for outcome quality management purposes. The CANS data will be collected, analyzed and reported by the IBHAS. DMHA contract providers and other child service systems will be reporting CANS data.

Beginning July 1, 2007, registration in the Community Services Data System (CSDS) and reporting CANS data through IBHAS will be required for all youth who are eligible for services through the DMHA mental health and addiction service system (i.e., CMHCs and MCPs). In the CSDS, the HAPI-C fields will no longer be required for children and youth. However, all other data fields will continue to be required for youth.

For adults, the Hoosier Assurance Plan Instrument for Adults (HAPI-A) will continue to be required for SFY2008. In SFY2009, the HAPI-A may be replaced by the Adult Needs and Strength Assessment (ANSA); ANSA data will also be reported though the IBHAS.

Under the new performance contracts for SFY2008, the annual HAP enrollment is moving to a one time "registration" in CSDS allowing services to continue across fiscal years without having to "re-enroll" each consumer annually.

Q. Why is there a separate website from CSDS?

A. When implementing the CANS tools, DMHA wanted to be sure to create more real-time, interactive systems that could also be used by multiple agencies. The CSDS was not built with this in mind and, therefore, the most cost-effective and forward-thinking solution was to create a new system and website.

Q. Is there going to be an 'easy' name assigned to this "program" similar to 'HAP'? The understanding of what HAP is and the process contained within HAP are generally understood by all under the concept of HAP. If someone says "enrolled in HAP", we all know what that means. And HAP is easy to say.

A. The Behavioral Health Transformation Relationship Management Initiative between providers and DMHA has focused on performance based contracting, including performance measures based on CSDS and CANS data. At this time, no replacement name has been identified for HAP although the transformed system will bear little resemblance to what has been called the Hoosier Assurance Plan.

Sometimes, HAP is confused with the functional assessments (HAPI-C and HAPI-A). Many providers have combined HAP enrollment -- demographic, reassessment, HAPI-A or HAPI-C data-- into one process and document, commonly referred to as HAP.

As we move forward, it will be important that providers recognize and understand the system changes. Funding will be tied to performance. Performance will be measured by CSDS data which includes some assessment fields (employment, living situation, ROLES, etc.). Additional assessment data will be in IBHAS. So CSDS and IBHAS need to be understood as distinctly different systems.

Q. Is IBHAS written in HTML, SGML or XML?

A. The IBHAS application is written in asp.net (with c# and vb.net as the coding languages). The database is on the SQL Server 2005 platform.

Q. Is the CANS is going to be fed into CSDS as the HAP-Cs are?

A. No. CANS data will be entered into the IBHAS, a separate website, which contains a decision support algorithm which will provide the user feedback regarding a suggested level (intensity) of treatment. The data can be entered in several ways to give providers different options of how to implement this into their own work processes.

Q. "I'm just wondering if the sheet similar to the Enrollment Record Layout is going to be distributed earlier than the manual in order for us to start writing our reports."

A. There will be an option for providers to "batch" data into IBHAS with a text file (similar to the CSDS batch process) and we are currently finalizing that process.

However, it is useful to understand key differences between IBHAS (CANS) and CSDS (HAPI-C):

1. IBHAS will allow the facilities to enter their data via the website and then export data that they can import directly into their Electronic Medical Records (EMRs) without them having to create a separate CANS assessment.
2. There is more than just one tool. As of right now, there are 5 different CANS tools that will be part of the collection process. We will provide all of this information to the providers to make the integration easier, but it will still be a large effort.
3. Since the CANS tools are designed to be part of the clinical process and inform treatment planning, the tools (especially the Comprehensive) contain many more data points than the HAPI-C. For example, the Comprehensive 5-17 CANS tool contains 64 questions within the core modules (with additional questions in the other modules).

Given these differences between the CANS tools and HAPI-C, providers should review the tools and the IBHAS website functionality to inform decisions regarding how to implement the CANS tools at each provider location. It is possible that it may be more efficient and cost-effective to complete the CANS assessments on-line and then export the data – along with the decision support threshold result – to the your local data system.

Q. "I have heard all of the information will be the same, with the exception of the LOF Scores being replaced with the CANS"

A. The LOF scores previously collected by the HAPI-C will no longer be required input from the providers. All other information collected by CSDS will remain intact. Both CSDS data and CANS assessment information are required for children who meet the DMHA definition of Children with a Serious Emotional Disturbance (SED) or Chemical Addiction (CA) and are served by the DMHA mental health and addiction systems.

Also, the term "replaced" implies that CANS data will be entered into the CSDS system. This is not the case. CANS data will be entered separately into the IBHAS website, while the HAP enrollments and encounter data will be entered into CSDS.

Q. What ID should we report in the IBHAS?

A. Providers are able to enter two different ID's for each consumer, one of which is required and the other is optional. The first, required, ID is what is called the "Internal ID". This can either be a provider's id that is generated from their EMR and/or case management system OR it can be the CSDS Unique ID. From a system perspective, it won't matter what is entered. However, that Internal ID will be the ID that will be used to uniquely identify a consumer within IBHAS. Therefore, we encourage providers to enter the ID that helps them the most tie data to their system. The second ID is optional and specifically for the CSDS Unique ID, if the consumer is enrolled. Other agencies could use an identifier that is meaningful to them: Student ID, Client Record #, etc. Rather than creating a new ID just for IBHAS, the goal was to re-use existing data to help ease data integration for providers and the State.

Q. How do we submit CANS information to IBHAS?

A. As providers across Indiana have varying levels of technology, there are multiple ways to enter for exchange CANS information:

1. Certified CANS User can log on, enter demographic information, answer few questions, and complete CANS Assessment/Reassessment on the website while reviewing the CANS Item narratives. At any time, an assessment can be saved to be completed at a later time. Once the assessment is completed, the user instantly sees relevant Decision Model Recommendations regarding intensity of services and, if child has been removed from home by DCS, level of placement within DCS. A report of the assessment and recommendations can be printed or imported to agency electronic medical record.
2. Certified CANS User or designated agency staff can enter CANS ratings through "rapid entry mode". This is most useful if either the clinician is extremely familiar with the CANS tool or if a clinician or data entry staff is working from a paper "score sheet". Again, analysis and reports are available.
3. CANS assessment data can be imported using a, soon to be defined, text file format.

Additionally, data entered in any of these modes above can be exported to providers' electronic medical record system at anytime – even immediately after entering the data or importing a file (there will not be a need to "batch" anything overnight).

Q. What kinds of reports will be available?

A. Several basic reports will be available with the first release of CANS such as report of CANS assessment, report for individual child/family indication changes in outcomes or key indicators over time, aggregate reports for agencies profiling needs of children served, aggregate agency outcomes, children who need 6 month assessments. Standard and ad hoc reports will continue to be developed.

Q. There are several clinicians in my organization who are certified to use the CANS tools, should they use IBHAS or should we batch data like we do with CSDS?

A. IBHAS was created to support a wide range of technology levels and a wide range of work-flow processes. It will be up to each provider to identify the best way to enter the CANS data into IBHAS. In some cases, providers may want to have clinicians enter the assessment data on-line and then export the results. In other cases, a provider may want to have a data entry staff person add assessment data for all clinicians OR a provider may want to create a text-file batch process. In any case, the data on completed assessments are processed in real-time and immediately available for exporting without any delay or the need to contact a vendor or the State for the export.

Q. How do we get user names and passwords for certified clinicians?

A. For those clinicians who were certified in the past, we will soon receive an electronic file of all those currently certified. That information will be sent to DMHA providers. For those providers who want to set up user names and passwords for those clinicians, they will be asked to provide some information (details will be forthcoming) to set up a user account. That information will be sent back to providers to pass on to their clinicians.
Going forward, new certifications will be automatically sent to IBHAS from the training website. Periodically, this information on new certifications will be sent to each provider. At that time, the provider can decide whether to set up a user name and password for each.

Q. How long is the certification valid?

A. One year. Each clinician will have to be re-certified each year and can use the training website to do this. When using IBHAS, a notification is generated when a clinician is within 30 days of the certification expiration date. If the clinician has not be re-certified after that date, there will be a 30-day grace period in which to become re-certified. After 30 days, the clinician will not be allowed to log in to IBHAS.

Q. What happens if a clinician leaves our organization or if the organization has a change in policy related to using IBHAS?

A. These processes and procedures are being developed. Information related to additions or changes to user privileges will be forthcoming.

Q. What will the IBHAS website look like and what is the address?

A. A permanent production web address is not yet finalized. However, any provider staff can view the test version of IBHAS. The address for that is: http://dmhaqa.fssa.in.gov. To request a username and password to see all the functionality currently being tested, send an e-mail to IUBHAS@fssa.in.gov. Please note that this is a test site. As such, new functionality will appear/disappear without warning. Once a production site is finalized, information will be sent to all providers.